

COMMONWEALTH OF KENTUCKY  
Transportation Cabinet — Motor Vehicle Licensing Division

TC 96-169  
Rev. 8-82

APPLICATION FOR MOTOR NUMBER OR VEHICLE IDENTIFICATION NUMBER

Name of Owner \_\_\_\_\_ Kind of  
Vehicle: Passenger Car - Truck - Motorcycle - Trailer  
*(Strike out three not applicable)*

Address \_\_\_\_\_ Make of Vehicle \_\_\_\_\_  
*(No. and Street or Rural Route) (City, Town or Post Office) (State)*

Year \_\_\_\_\_ Style \_\_\_\_\_ Motive \_\_\_\_\_  
Model \_\_\_\_\_ Model \_\_\_\_\_ Body \_\_\_\_\_ Power \_\_\_\_\_

Last licensed by present owner in \_\_\_\_\_ with \_\_\_\_\_ for \_\_\_\_\_  
*(County) (State) (License No.) (Year)*

If not previously licensed by  
present owner, procured from \_\_\_\_\_  
*(Name and Person or Firm Selling Vehicle to Owner)*

Address \_\_\_\_\_ Date Procured \_\_\_\_\_, 19\_\_\_\_  
of Seller \_\_\_\_\_  
*(No. and Street or Rural Route) (City, Town or Post Office) (State)*

*The undersigned licensee swears (or affirms) that he is the owner of the vehicle described herein and that there is no legible motor number or vehicle identification number on the motor, and requests that the Transportation Cabinet assign a motor number or vehicle identification number for this vehicle.*

\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
*(Owner's Signature)*

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_

My commission expires \_\_\_\_\_

Number Assigned _____ (Signed) _____ <i>(For Transportation Cabinet)</i>
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